

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only
AUG 17 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1 File Number U 8861	2 Fiscal Year Covered From 11 / 12 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name JAMES P BARTALONE P O Box Bldg Room No If any Street 45-34 COURT SQUARE City HONG ISLAND CITY State NEW YORK ZIP Code + 4 11101	4 Name file number and address of labor organization Name THE MARBLE + TERRAZZO LOCAL 7 Labor Organization File Number 540126 P O Box Building and Room Number If any Street 45 34 COURT SQUARE City HONG ISLAND CITY State NEW YORK ZIP Code + 4 11101
5 Position in labor organization SECRETARY TREASURER	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name COLHERAN, O'HARA & MILLS L.L.P. Trade Name If any P O Box, Bldg Room No If any Street 1225 FRANKLIN AVE SUITE 450 City GARDEN CITY State NEW YORK ZIP Code + 4 11530	7 a Nature of Interest Transaction or Income COLHERAN, O'HARA & MILLS ANNUAL CHRISTMAS PARTY 7 b Amount \$148.00

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

8/14/05

Date

718-786-7648

Telephone Number

PLEASE NOTE ALL COMPENSATION RECEIVED AND
GIVEN ARE LISTED TO THE BEST OF MY KNOWLEDGE
BASED ON THE RECORDS AVAILABLE TO ME AT THIS TIME

Name of Person Filing JAMES BARTALONE	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name GIBBONS DOHAN, DELDEO, GRATTIERO + VERCELLONE Trade Name if any ATTORNEYS AT LAW P O Box Bldg Room No if any _____ Street ONE RIVERFRONT PLAZA City NEWARK State NEW JERSEY ZIP Code + 4 07102 5496	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> DISCRIMINATION LAWSUIT VICTORY CELEBRATION DINNER </div> 11 b Approximate dollar value of such dealing \$ 140.00 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px;"></div> 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment _____

Name of Person Filing

JACK R. HODGES

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name PIPEFITTERS & 430 HEALTH WELFARE FUND

Trade Name if any

P O Box Bldg Room No if any

Street 2908 N HARVARD AVE

City TULSA

State OK

ZIP Code + 4

74115-2404

9 Business deals with

a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

LOCAL UNION NEGOTIATE CONTRACTS & AGREEMENTS WITH SIGNATORY CONTRACTORS REQUIRING CONTRIBUTIONS TO EMPLOYEE BENEFIT FUNDS

11 b Approximate dollar value of such dealing UNKNOWN

12 a Nature of interest held or income received

3-10-04

MEAL FOR UNION TRUSTEE AT FRENCH HEN, TULSA OK

12 b Amount

427.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment